

# Yakama Nation Application Check List

When completing your application please be sure to do the following:

- ✓ Type application, print & sign. (received application via email)  
Print clearly, use Black/Blue Ink.
- ✓ Complete address.
- ✓ Make certain your phone number is legible.
- ✓ If you have a resume, please include a copy.  
\*Note: Application must be filled out completely.
- ✓ If you have a driver's license, please list your number.
- ✓ **DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION.**



## **Mandatory Attachments:**

- ✓ Proof of all college degrees. (If applicable)
- ✓ Provide your Tribal I.D. (If applicable)
- ✓ Provide Driver's License (If applicable)

**\*\*Note: For positions requiring a valid Washington State Driver's License, applicants are required to provide a current state driving abstract with their tribal employment application.**



- ✓ Provide Social Security Card.
- ✓ If you are claiming to be a descendant or spouse of enrolled member, please provide proper documentation.
- ✓ If you are claiming to be a Veteran, please attach your DD 214.

**\* Note copies of identification are required. Applications will not be accepted without proper identification. NO EXCEPTIONS!**

**\*\* Remember, applications are kept on file for six (6) months. It is your responsibility to keep up-dated. \*\***

Thank you  
Office of Personnel

Yakama Nation (YN) Personnel Services Office – Application for Employment

**NOTICE TO APPLICANTS:** The Yakama Nation is an Equal Opportunity Employer.

**PRE-EMPLOYMENT DRUG TEST:** Is required for Pre-Employment with the Yakama Nation. During employment, tribal employees are also subject to random testing (YN Personnel Policy Manual, Chapter 2.9.6, Section (a), (g), Alcohol and Drug-Free Workplace Policy).

**TRAINEE:** The Yakama Nation reserves the right to practice Indian Preference by selecting an Indian applicant as a trainee at a reduced pay rate than announced. A training plan is developed to assist employee to reach required qualification requirements and performance level. After completing training plan, work performance will be evaluated. Upon satisfying qualification requirements, employee will obtain entry level pay.

**INDIAN PREFERENCE:** In efforts to practice Self-Determination, the Yakama Nation grants Indian Preference for employment, promotions, and transfers to its employees and qualified applicants as appropriate. This may limit career opportunities for non-Indian applicants and candidates.

Preference for employment will be granted to qualified individuals meeting minimal qualification criteria in the following order pursuant to the YN Personnel Policy Manual Section 2.1.3:

- (a) 10-points= Enrolled member of Yakama Nation.
- (b) 8-points= Indian (enrolled) spouse of an enrolled Yakama member.
- (c) 6-points= Other Indian (member of a federally recognized tribe).
- (d) 8-points= Indian (enrolled) descendant of enrolled Yakama member.
- (e) 2-points= Non-Indian spouse of an enrolled Yakama member.
- (f) 0-points= Non-Indian.

Personnel Policy Manual Section 2.1.4:

- (a) Positions funded under non-638 federal funding: 8-points= Indian (member of a federally recognized tribe).

**VETERAN PREFERENCE:** Is pursuant to Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974. For verification, must provide a copy of DD-214.

**IMMIGRATION:** If selected for employment with the Yakama Nation, you will be required to complete an I-9 form which certifies you are a citizen or national of the United States, a lawful permanent resident or an alien authorized to work.

**SELECTIVE SERVICE:** All males born after December 31, 1959 must be registered with the Selective Service. To our knowledge, you may sign up at the U.S. Postal Service in your local area.

**TO APPLY:** YAKAMA NATION PERSONNEL SERVICES OFFICE, P. O. BOX 151, TOPPENISH WA 98948. Phone: 509/865-5121, X4388, X4385. Fax: 509/865-8777

If you are mailing or faxing application, please state Job Announcement No. on your cover sheet.

*Applications remain active for six (6) months. Thereafter, they are removed from our active file, OR you must update before they expire.*

*Questions, please call the Personnel Services Office.*

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Name:		AKA:		D.O.B.:	
Address:					
City/St./Zip:					
SS No.:		Phone:		Cell No.:	
Valid WA St. Driver's License?		Yes	Driver License No.:		No
<b>EDUCATIONAL BACKGROUND</b> <span style="float: right;"><b>**Please provide transcripts/certificates**</b></span>					
Name and Location of School		Major Coursework:		Diploma/Degree/Date:	
High School/GED:					
College/University:					
College/University:					
Other Training/Education:					
<b>INDIAN PREFERENCE:</b> <i>Provide proof of eligibility with this application.</i>					
<b>A.</b>	Tribe:		Enrollment No.:		
<b>B.</b>	Enrolled Indian Spouse of a Yakama Enrolled Member. Your Tribe/Enrollment No:				
	Spouses Name/Enrollment No:				
<b>C.</b>	Descendent of an enrolled Yakama Member ( <i>attach proof from YN Enrollment Office</i> )				
	Enrolled Members Name/Enrollment No.:				
<b>D.</b>	Spouse of a Yakama Enrolled Member. I am not enrolled with any federally recognized tribe.				
	Spouse Name/Enrollment No.:				
<b>MINORS:</b> <span style="float: right;"><b>***Please Provide Copy***</b></span>					
If you are under (18) years of age, must have parent/guardian sign a work permit. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
<b>IMMIGRATION:</b> Are you a United States Citizen? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
<b>VETERAN PREFERENCE:</b> The Yakama Nation recognizes military service.					
<b>***Please provide a copy of your DD-214 with this application.***</b> <span style="float: right;">Provided: Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
<b>SELECTIVE SERVICE:</b> Males born after 12/31/59 who are 18 but not yet 26 years old must be registered with Selective Service. Please provide <b>Selective Service No.:</b>					
<b>REFERENCES:</b> (Attach letters of reference-optional.)					
Name of Reference:		Address		Phone No.:	
<b>MISCELLANEOUS:</b> Have you committed any crime or felony that would prevent you from working for the Yakama Nation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide explanation:					
<b>***IMPORTANT ~ PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING***</b>					
Information provided in this application is true, correct, and complete. I understand that, if employed, any misinformation or omission of information in reference to this application could result in dismissal. I understand that acceptance of an oral offer of employment does not create a contractual obligation and that conditions of employment are pursuant to the Yakama Nation Personnel Policy Manual. I understand that the Yakama Nation is a Drug-Free Work Place and a pre-employment drug and alcohol test is required. I hereby give my permission to the Yakama Nation to conduct a background check, confer with previous/current employers and references, and confirm my education and credit background.					
<b>PLEASE PRINT YOUR FULL NAME:</b>					
<b>SIGNATURE:</b>					

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

<b><i>Note to Applicant: Application must be filled out completely. Do not put REFER TO RESUME</i></b>		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
ATTACH ADDITIONAL SHEETS AS NECESSARY FOR WORK EXPERIENCE		
WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE OTHERWISE (BELOW):		
<b>Do Not Contact:</b>	<b>Reason:</b>	
<b>TO APPLY:</b> Mail or Submit completed application with required attachments. <b>Yakama Nation Personnel Office, P.O. Box 151, Toppenish, WA 98948.</b> (509) 865-5121 Ext. 4385 Applications must be submitted <b>BEFORE</b> the Deadline Date in order to be considered for employment!!		

**YAKAMA NATION APPLICATION FOR EMPLOYMENT**  
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

**\*\*\*Applications are kept on file for 6 months\*\*\***

**SUPPLEMENTAL INFORMATION SHEET**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please check applicable qualifications:**

<input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Mainframe Operation <input type="checkbox"/> Bookkeeping <input type="checkbox"/> JD Edwards Experience <input type="checkbox"/> Transcribing <input type="checkbox"/> Communication Skill <input type="checkbox"/> Power Hand Tools <input type="checkbox"/> Management <input type="checkbox"/> Heavy Equipment Operation Please Specify: _____ _____	<input type="checkbox"/> Data Base <input type="checkbox"/> Personal Computer Operation <input type="checkbox"/> Accounting <input type="checkbox"/> Typing: _____ WPM <input type="checkbox"/> 10-key: _____ WPM <input type="checkbox"/> Writing Skill <input type="checkbox"/> Hand Tools <input type="checkbox"/> Chainsaw Operation <input type="checkbox"/> Supervision <input type="checkbox"/> Bi-Lingual Please Specify: _____ _____
<input type="checkbox"/> WA State Driver's License <input type="checkbox"/> Combination Endorsement License Please Specify: _____	<b>Physical Qualifications:</b> <input type="checkbox"/> Lifting <input type="checkbox"/> Long Standing <input type="checkbox"/> Good Health Please Specify: _____

**Provide Copies of the Following:**

<input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> First Aid Card <input type="checkbox"/> DD 214 for Veterans Preference	<input type="checkbox"/> WA State ID (Only if no Driver's License) <input type="checkbox"/> Proof of Enrollment/Descendent <input type="checkbox"/> Food Handler's Permit <input type="checkbox"/> CPR Certified
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**Certificates/Degree's      Attach Copies with Application Packet**

<input type="checkbox"/> Associate Degree Please Specify: _____ _____	<input type="checkbox"/> Bachelor's Degree Please Specify: _____ _____
<input type="checkbox"/> Masters Degree Please Specify: _____ _____	<input type="checkbox"/> PHD Please Specify: _____ _____
<input type="checkbox"/> Juris Doctorate Please Specify: _____ _____	<input type="checkbox"/> Vocational Certificate Please Specify: _____ _____
<input type="checkbox"/> <b>Other information that would be helpful to your employment, please be specific:</b> _____ _____	